# COMMERCIAL DRIVER TRAINING SCHOOL INSTRUCTOR - PHYSICAL EXAMINATION

State Form 53312 (8-07)
INDIANA BUREAU OF MOTOR VEHICLES

*INSTRUCTIONS: To be completed by your physician and expires two (2) years from date of examination.*

## PHYSICAL EXAMINATION

| Name of driver | Date of examination *(month, day, year)* |
|---|---|
| | |

Describe any history of epilepsy or diabetes

| Heart | Blood pressure | Pulse rate |
|---|---|---|
| | | |

| Respiratory system | Reflexes |
|---|---|
| | |

Mental alertness *(observations)*

| Hearing | Hearing results |
|---|---|
| ☐ Deaf ☐ Poor ☐ Fair ☐ Good | ☐ Both ☐ Right ☐ Left |
| Acuity reading with glasses<br>Both 20 / _____ Right 20 / _____ Left 20 / _____ | Acuity reading without glasses<br>Both 20 / _____ Right 20 / _____ Left 20 / _____ |

Is the applicant mentally sound? ☐ Yes ☐ No

Does the applicant have any contactual diseases? ☐ Yes ☐ No

Does the applicant have any medical condition that may affect his / her ability to drive? ☐ Yes ☐ No

Any known or suspected tuberculosis in the home? ☐ Yes ☐ No

Does applicant have the normal use of both *(if No, describe under remarks):*

Arms? ☐ Yes ☐ No Hands? ☐ Yes ☐ No Legs? ☐ Yes ☐ No Feet? ☐ Yes ☐ No Eyes? ☐ Yes ☐ No

Remarks

## SIGNATURE

***Physician please note:*** *Application must be signed in presence of examining physician.*

| Signature of applicant | Date of signature *(month, day, year)* |
|---|---|
| | |

I certify that I have correctly recorded the results of the examination, and that to the best of my judgement the applicant ☐ is ☐ is not physically qualified as a Commercial Driver Training Instructor. *(State any exceptions.)* _____

| Signature of physician | Date of signature *(month, day, year)* |
|---|---|
| | |

| Printed name of physician | Physician identification number |
|---|---|
| | |

## PLACE OF EXAMIN ATION

Place of examination

Address *(number and street, city, state and ZIP code)*

## TRAINING SCHOOL

| Name of school | Telephone number |
|---|---|
| | ( ) |

Address of school *(number and street, city, state and ZIP code)*